

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3190HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2010
NAME OF PROVIDER OR SUPPLIER HEALTHSOUTH REHABILITATION HOSPITAL (STREET ADDRESS, CITY, STATE, ZIP CODE 10301 JEFFREYS ST HENDERSON, NV 89052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 07/16/10 and finalized on 07/16/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00025662 was substantiated with deficiencies cited. (See Tag # S0300, S0310)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000			
S 300 SS=D	<p>NAC 449.3622 Appropriate Care of Patient</p> <p>1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.</p>	S 300			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 300	Continued From page 1 This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility's nursing and physical therapy staff failed to ensure a patient with a diagnoses of chronic obstructive pulmonary disease and congestive heart failure, who was ordered continuous oxygen treatment, was properly treated and monitored to ensure the patient was provided with an adequate supply of oxygen therapy according to physicians orders in order to prevent respiratory complications. (Patient#1) 1. A review of medical records dated 06/18/10 indicated the patients oxygen tank was discovered empty in the physical therapy department. The patient became hypoxic (lack of oxygen) and was transferred to an acute care hospital for shortness of breath and oxygen desaturation. Complaint # 25662 Severity: 2 Scope: 1	S 300			
S 310 SS=D	NAC 449.3624 Assessment of Patient 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility's nursing and physical therapy staff failed to properly assess and monitor the	S 310			

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S 310	Continued From page 2 patients oxygen therapy needs and ensure the patient had an adequate supply of oxygen in portable oxygen tanks prior to transporting the patient to physical therapy. (Patient #1) Severity: 2 Scope: 1 Complaint # 25662	S 310			

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